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CASE CLV-31362A**CERTIFICATE OF MAILING**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

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Signature

May 7, 2004
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

Art Unit: 1713

RECEIVED

MUELLER ET AL.

MAY 13 2004

APPLICATION NO: 09/815,674

FILED: MARCH 23, 2001

OFFICE OF PETITIONS

FOR: NOVEL POLYMERS

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME

Sir:

The Office Action of August 21, 2003 has a shortened statutory time set to expire on November 21, 2003. A three-month extension is hereby requested pursuant to 37 CFR §1.136(a).

Please charge Deposit Account No. 50-2965 in the name of Ciba Vision in the amount of \$950 for payment of the extension fee. An additional copy of this paper is here enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.17 which may be required, or credit any overpayment, to Account No. 50-2965 in the name of Ciba Vision.

Respectfully submitted,

CIBA Vision Corporation
Patent Department
11460 Johns Creek Parkway
Duluth, GA 30097-1556

Date: May 7, 2003

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05/12/2004 AMONDAF1 00000035 502965 09815674

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>5/19/04</u>		2 Serial/Patent # <u>09815474</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/>	Filing		\$							
<input type="checkbox"/>	Amendment		\$							
<input checked="" type="checkbox"/>	Extension of Time	#14	\$ 950.00							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND	\$ 950.00							
		8 TO BE REFUNDED BY:								
10 REASON:		<input checked="" type="checkbox"/>	Treasury Check							
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:							
<input type="checkbox"/>	Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>5</td><td>0</td><td>--</td><td>2</td><td>9</td><td>6</td><td>5</td> </tr> </table>	5	0	--	2	9	6	5
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<input checked="" type="checkbox"/>	No Fee Due (Explanation):									
<p align="center"><i>EOT wasn't timely filed.</i></p>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Liana Chase</u>		TITLE: <u>Paralegal</u>								
SIGNATURE: <u><i>[Signature]</i></u>		PHONE: <u>304-0482</u>								
OFFICE: <u>Petitions</u>										
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APPROVED: <u><i>[Signature]</i></u>		DATE: <u>5/20/04</u>								

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